

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

6655

350

## 1. PLACE OF DEATH

County WorcesterCity or town Pocomoke  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas D. Ayres

## 3. (b) Social Security Number

213-14-6596

4. Sex

5. Color or race

6. (a) Single, married, widowed, &amp; divorced

Male White Married

6. (b) Name of husband or wife

Julia Ayres6. (c) If alive, give age 68 years

7. Birth date of

deceased (mo., day, yr.)

Dec 24-1873

8. AGE:

Years

Months

Days

If less than one day

7457

hrs.

min.

9. Birthplace

Marys Loconac Va  
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

18. Cemetery or crematory

Location

19. Funeral director

Address

20. Date rec'd by registrar

21. Registrar

22. Signature

Address

23. Date signed

24. Date of death

25. Cause of death

26. Duration

27. Other conditions

28. Major findings of operations

29. Autopsy results

30. Physician: Please underline the cause to which death should be charged statistically.

31. Violence: If death was due to external causes, fill in the following:

32. Accident, suicide, or homicide

33. Where did injury occur?

34. Injured at home, farm, industry, public place (where?)

35. Means of injury

36. Injured at work?

37. Signature

38. Address

39. Date signed

40. Date of death

41. Cause of death

42. Duration

43. Other conditions

44. Major findings of operations

45. Autopsy results

46. Physician: Please underline the cause to which death should be charged statistically.

47. Violence: If death was due to external causes, fill in the following:

48. Accident, suicide, or homicide

49. Where did injury occur?

50. Injured at home, farm, industry, public place (where?)

51. Means of injury

52. Injured at work?

53. Signature

54. Address

55. Date signed

56. Date of death

57. Cause of death

58. Duration

59. Other conditions

60. Major findings of operations

61. Autopsy results

62. Physician: Please underline the cause to which death should be charged statistically.

63. Violence: If death was due to external causes, fill in the following:

64. Accident, suicide, or homicide

65. Where did injury occur?

66. Injured at home, farm, industry, public place (where?)

67. Means of injury

68. Injured at work?

69. Signature

70. Address

71. Date signed

72. Date of death

73. Cause of death

74. Duration

75. Other conditions

76. Major findings of operations

77. Autopsy results

78. Physician: Please underline the cause to which death should be charged statistically.

79. Violence: If death was due to external causes, fill in the following:

80. Accident, suicide, or homicide

81. Where did injury occur?

82. Injured at home, farm, industry, public place (where?)

83. Means of injury

84. Injured at work?

85. Signature

86. Address

87. Date signed

88. Date of death

89. Cause of death

90. Duration

91. Other conditions

92. Major findings of operations

93. Autopsy results

94. Physician: Please underline the cause to which death should be charged statistically.

95. Violence: If death was due to external causes, fill in the following:

96. Accident, suicide, or homicide

97. Where did injury occur?

98. Injured at home, farm, industry, public place (where?)

99. Means of injury

100. Injured at work?

101. Signature

102. Address

103. Date signed

104. Date of death

105. Cause of death

106. Duration

107. Other conditions

108. Major findings of operations

109. Autopsy results

110. Physician: Please underline the cause to which death should be charged statistically.

111. Violence: If death was due to external causes, fill in the following:

112. Accident, suicide, or homicide

113. Where did injury occur?

114. Injured at home, farm, industry, public place (where?)

115. Means of injury

116. Injured at work?

117. Signature

118. Address

119. Date signed

120. Date of death

121. Cause of death

122. Duration

123. Other conditions

124. Major findings of operations

125. Autopsy results

126. Physician: Please underline the cause to which death should be charged statistically.

127. Violence: If death was due to external causes, fill in the following:

128. Accident, suicide, or homicide

129. Where did injury occur?

130. Injured at home, farm, industry, public place (where?)

131. Means of injury

132. Injured at work?

133. Signature

134. Address

135. Date signed

136. Date of death

137. Cause of death

138. Duration

139. Other conditions

140. Major findings of operations

141. Autopsy results

142. Physician: Please underline the cause to which death should be charged statistically.

143. Violence: If death was due to external causes, fill in the following:

144. Accident, suicide, or homicide

145. Where did injury occur?

146. Injured at home, farm, industry, public place (where?)

147. Means of injury

148. Injured at work?

149. Signature

150. Address

151. Date signed

152. Date of death

153. Cause of death

154. Duration

155. Other conditions

156. Major findings of operations

157. Autopsy results

158. Physician: Please underline the cause to which death should be charged statistically.

159. Violence: If death was due to external causes, fill in the following:

160. Accident, suicide, or homicide

161. Where did injury occur?

162. Injured at home, farm, industry, public place (where?)

163. Means of injury

164. Injured at work?

165. Signature

166. Address

167. Date signed

168. Date of death

169. Cause of death

170. Duration

171. Other conditions

172. Major findings of operations

173. Autopsy results

174. Physician: Please underline the cause to which death should be charged statistically.

175. Violence: If death was due to external causes, fill in the following:

176. Accident, suicide, or homicide

177. Where did injury occur?

178. Injured at home, farm, industry, public place (where?)

179. Means of injury

180. Injured at work?

181. Signature

182. Address

183. Date signed

184. Date of death

185. Cause of death

186. Duration

187. Other conditions

188. Major findings of operations

189. Autopsy results

190. Physician: Please underline the cause to which death should be charged statistically.

191. Violence: If death was due to external causes, fill in the following:

192. Accident, suicide, or homicide

193. Where did injury occur?

194. Injured at home, farm, industry, public place (where?)

195. Means of injury

196. Injured at work?

197. Signature

198. Address

199. Date signed

200. Date of death

201. Cause of death

202. Duration

203. Other conditions

204. Major findings of operations

205. Autopsy results

206. Physician: Please underline the cause to which death should be charged statistically.

207. Violence: If death was due to external causes, fill in the following:

208. Accident, suicide, or homicide

209. Where did injury occur?

210. Injured at home, farm, industry, public place (where?)

211. Means of injury

212. Injured at work?

213. Signature

214. Address

215. Date signed

216. Date of death

217. Cause of death

218. Duration

219. Other conditions

220. Major findings of operations

221. Autopsy results

222. Physician: Please underline the cause to which death should be charged statistically.

223. Violence: If death was due to external causes, fill in the following:

224. Accident, suicide, or homicide

225. Where did injury occur?

226. Injured at home, farm, industry, public place (where?)

227. Means of injury

228. Injured at work?

229. Signature

230. Address

231. Date signed

232. Date of death

233. Cause of death

234. Duration

235. Other conditions

236. Major findings of operations

237. Autopsy results

238. Physician: Please underline the cause to which death should be charged statistically.

239. Violence: If death was due to external causes, fill in the following:

240. Accident, suicide, or homicide

241. Where did injury occur?

242. Injured at home, farm, industry, public place (where?)

243. Means of injury

244. Injured at work?

245. Signature

246. Address

247. Date signed

248. Date of death

249. Cause of death

250. Duration

251. Other conditions

252. Major findings of operations

253. Autopsy results

254. Physician: Please underline the cause to which death should be charged statistically.

255. Violence: If death was due to external causes, fill in the following:

256. Accident, suicide, or homicide

257. Where did injury occur?

258. Injured at home, farm, industry, public place (where?)

259. Means of injury

260. Injured at work?

261. Signature

262. Address

263. Date signed

264. Date of death

265. Cause of death

26

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. **3** correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH **588**

6656

Reg. Dist. No. **350**

## 1. PLACE OF DEATH:

County..... **Worcester**  
 City or town..... **RURAL, Pocomoke City**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... **Life time**  
 Hospital, institution, or street address where death occurred:  
**# Rt. 2**  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... **Maryland** County..... **Worcester**  
 City or town..... **Pocomoke City, RURAL**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **Rt. # 2**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

**THELMA MARIE BRITTINGHAM**

## 3. (b) Social Security Number

4. Sex..... **Female**  
 5. Color or race..... **Colored**  
 6.(a) Single, married, widowed, or divorced..... **Single**  
 6.(b) Name of husband or wife.....  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... **August 27, 1935**  
 8. AGE: Years..... **12** Months..... **10** Days..... **3**  
 If less than one day..... hrs. .... min.

9. Birthplace..... **Pocomoke City-Worcester-Md**  
 (Town, county, and state)

10. Usual occupation..... **None**

## 11. Industry or business

**FATHER**  
 12. Name..... **Daniel Brittingham**  
 13. Birthplace..... **Pocomoke City, Maryland**  
**MOTHER**  
 14. Maiden name..... **Louise Dennis**  
 15. Birthplace..... **Pocomoke City, Maryland**  
 16. Informant..... **Daniel Brittingham**  
 Address..... **Pocomoke City, Md. #Rt. 2**  
 17. Burial..... **Burial** Date thereof..... **July 3, 1948**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... **St. James Cemetery**  
**Pocomoke City, Md. # Rt. 2**  
 Location.....  
 18. Funeral director..... **H. Harvey Bradshaw**  
 Address..... **Pocomoke City, Md.**

19. **July 3** 19 **48** **Anne E. White**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 30 30** 19 **48** at **4:15 PM**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **Jan 19 48** to **June 28 48**  
 and that I last saw **her** alive on **June 28** 19 **48**

Immediate cause of death..... **Pneumonia**  
 Due to..... **Pneumonia**

Other conditions.....  
 (Include pregnancy within 3 months of death)

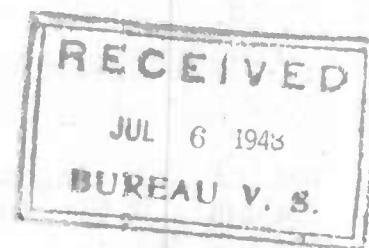
Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... **J. E. White** M. D. or other  
 Address..... **June 30 48** Date signed **7-2-48**



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6657

131a

Reg. Dist. No.

357

## 1. PLACE OF DEATH:

County WorcesterCity or town Stockton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Stockton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

4. Sex Male 5. Color or race colored 6.(a) Single, married, widowed, or divorced widower6.(b) Name of husband or wife Louisa Collins7. Birth date of deceased (mo., day, yr.) (unknown) 1861 6.(c) If alive, give age \_\_\_\_\_ years8. AGE: Years 87 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Stockton Md  
(Town, county, and state)10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant James R BennettAddress Stockton17. Burial Date thereof June 20, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Home burial societyLocation Stockton Md18. Funeral director James BennettAddress Stockton19. 45 June 20 19 48 Mary M. Taylor  
(Date recorded by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 19 48 at 8:20 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 48 to June 18 19 48and that I last saw him alive on June 17 19 48

Immediate cause of death

Hypertensive Arterio-sclerotic Cardio-renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

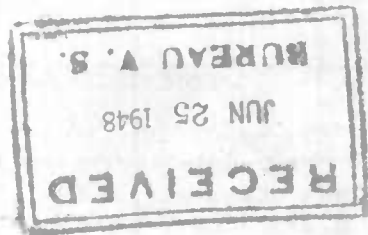
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE Paul Chen Md M. D. or other \_\_\_\_\_Address Snow Hill Md Date signed 6/19/48



1861

87

1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 351

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Snow Hill Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred: no  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Washington  
 City or town... Snow Hill Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 220 Main  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... no

## 3. (a) FULL NAME

Nicola Boston

## 3. (b) Social Security Number

no

4. Sex female 5. Color or race a. g. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife George A Boston  
yes 6. (c) If alive, give age Don't know years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 58 Months Days It less than one day  
 hrs. min.

9. Birthplace... Snow Hill Md  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name James Shence

13. Birthplace Snow Hill Md

14. Maiden name Mary Richardson

15. Birthplace Snow Hill Md

16. Informant George A Boston

Address Snow Hill Md

17. Burial Date thereof June 30-1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shenandoah

Location Snow Hill Md

18. Funeral director James F. Stewart

Address Baltimore Md

19. 6/30/48 Registrar Reley Smith

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948 at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 1948 to June 27, 1948  
 and that I last saw him alive on June 25, 1948

Immediate cause of death Premia

Due to Cerebral Apoplexy DURATION 3 days

Due to Hypertension 10 days

Other conditions Nephritis 7 years

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

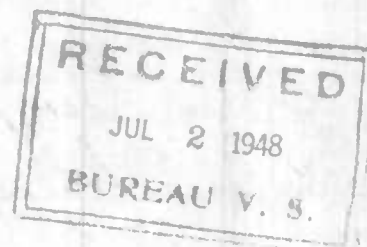
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. Herbert Assembly MD d. D. or other

Address Sahibung Md Date signed 6/28/48







# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 6659 355

### 1. PLACE OF DEATH:

County Worcester  
City or town Ocean City Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Worcester  
City or town Ocean City Md  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 8 Worcester St  
(If rural, give LOCATION)  
2.(a) If veteran, name war No

### 3. (a) FULL NAME

Thomas James Copper

### 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Sallie Copper

7. Birth date of deceased (mo., day, yr.) Sept 5th 1860

8. AGE: Years 87 Months 9 Days 12 If less than one day hrs. min.

9. Birthplace Berlin, Md R21  
(Town, county, and state)

10. Usual occupation Real Estate

11. Industry or business

12. Name Thomas James Copper

13. Birthplace Berlin Md R21

14. Maiden name Sallie Mary Smith

15. Birthplace Berlin, Md R21

16. Informant Mrs. Arthur Davis

Address Ocean City Md

17. Burial Date thereof 6/20/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Burien

Location Berlin Md

18. Funeral director Anna F. Embury

Address Berlin Md

19. 6-21- 19 48 Helen F. Hayward  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 48 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive June 17th 19 48

Immediate cause of death Coronary Disease

DURATION 2 1/2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

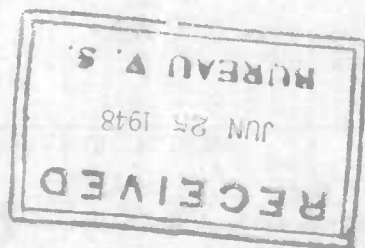
23. SIGNATURE H. E. Antonsen M. D. or other

Address Baltimore City Md Date signed 6/17/48

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

6660

159

351

### 1. PLACE OF DEATH:

County Worcester  
City or town Snicker Rural #1  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Worcester  
City or town Snicker Rural #1  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2(a) If veteran, name war

### 3. (a) FULL NAME

Douglas Baby Girl

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race beland 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 11-1948

8. AGE: Years Months Days If less than one day  
4 hrs. min.

9. Birthplace Snicker, Worcester, MD  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John William Douglas

13. Birthplace Maryland

14. Maiden name Alce Rogers

15. Birthplace Maryland

16. Informant John William Douglas

Address Snicker, MD

17. (Burial, cremation, or removal. Which?) Burial Date thereof June 12/48  
(month) (day) (year)

Cemetery or crematory Methodist

Location Snicker, MD

18. Funeral director Elmer E. Dymus

Address Snicker Hill, MD

19. 6/21/48 1948 LeRoy Smith  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1948 to June 11 1948

and that I last saw her alive on June 11 1948

Immediate cause of death Respiratory failure

Prematurity

Due to

Due to 6 1/2 mo.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. L. Mar, MD M. D. or other

Address Snicker Hill, MD Date signed 6/11/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

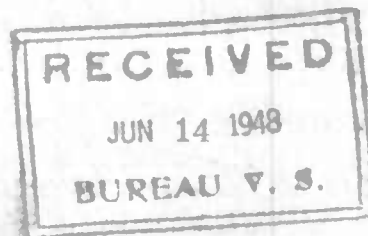
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OVER

This infant was delivered in the home by the local midwife. It was 6 1/2 mos gestation & weighed 3 lbs. It was not abnormal in any way except for prematurity. It was placed in a box with blankets and a warm water bottle.

Arrangements were made to have the Baby placed in the State's incubator at Pensacola General Hospital several hours after its birth, but it died before it was removed to the hospital.

W. L. LeMay, M.D.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

85

6661

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County WorcesterCity or town Rural Pocomoke  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WorcesterCity or town Rural Pocomoke  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name War \_\_\_\_\_

## 3. (a) FULL NAME

Jack Green

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Cloud married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Beatrice Green6. (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.)

(unknown) 1898

8. AGE:

Years

Months

Days

If less than one day

50

hrs.

min.

9. Birthplace

unknown

(Town, county, and state)

10. Usual occupation

farm labor

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 17, 1948 at 3 P M21. I CERTIFY that death occurred on the date above stated: that I attended deceased lastJune 17th 1948, at last June 17th 1948and that I last saw him live on June 17th 1948

Immediate cause of death

Probably Epilepsy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

RECEIVED

JUN 24 1948

BUREAU V. S.

8681  
re  
8761



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

<b>1. PLACE OF DEATH:</b> County <u>Worcester</u> City or town <u>Pocomoke</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>28 years</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution? _____		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Worcester</u> City or town <u>Pocomoke</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Market Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war _____	
<b>3. (a) FULL NAME</b> <u>James Marshall Green</u>		<b>3. (b) Social Security Number</b> _____	
<b>MEDICAL CERTIFICATION</b>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>	
<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>		<b>2D. DATE OF DEATH</b> <u>June 30, 1948</u> at <u>1:45 P.M.</u>	
<b>6. (b) Name of husband or wife</b> _____		<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>1:45 P.M. June 30, 1948</u> to <u>12:30 P.M. June 30, 1948</u> and that I last saw him alive on <u>30 June 1948</u>	
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>April 9, 1861</u>		<b>6. (c) If alive, give age</b> _____ years	
<b>8. AGE:</b> Years <u>87</u> Months <u>2</u> Days <u>21</u> If less than one day _____ hrs. _____ min.		<b>Immediate cause of death</b> <u>Right Sided Heart Failure with Acute pulmonary Edema</u>	
<b>9. Birthplace</b> <u>Baltimore, Balt. Md.</u> (Town, county, and state)		<b>Due to:</b> <u>Myocarditis, Chronic</u>	
<b>10. Usual occupation</b> <u>Farming</u>		<b>Due to:</b> <u>Arteriosclerosis, generalized</u>	
<b>11. Industry or business</b> <u>Capt. U.S. Army</u>		<b>Other conditions:</b> <u>At. Encephal. large vessel</u>	
<b>12. Name</b> <u>Maryland</u>		<u>Anginal Ischemia (direct)</u> (Include pregnancy within 3 months of death)	
<b>13. Birthplace</b> <u>Washington, D.C.</u>		<b>Major findings of operations</b> _____	
<b>14. Maiden name</b> <u>Elmore Marshall</u>		<b>22. VIOLENCE:</b> It death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____	
<b>15. Birthplace</b> <u>Washington, D.C.</u>		Where did injury occur? _____ (City or town) _____ (County) _____ (State)	
<b>16. Informant</b> <u>Mrs. Frank Hudson</u> <u>Pocomoke Md.</u>		<b>Injured at home, farm, industry, public place (where?)</b> Means of injury _____ Injured at work? _____	
<b>17. Burial</b> (Burial, cremation, or removal Which?) _____ Date thereof <u>July 2, 1948</u> (month) (day) (year)		<b>23. SIGNATURE</b> <u>Norman E. Sartorius, Jr.</u> M.D. or other _____	
<b>Cemetery or crematory</b> <u>Green Cemetery</u>		<b>Address</b> <u>Pocomoke, Md.</u>	
<b>Location</b> <u>Mapleville Virginia</u>		<b>Date signed</b> <u>July 2, 1948</u>	
<b>18. Funeral director</b> <u>Henry Schuler</u>		<b>19. July 2, 1948</b> (Date rec'd by registrar)	
<b>Address</b> <u>Pocomoke Md.</u>		<b>Registrar</b> <u>Anne E. Shute</u>	



RECEIVED

JUL 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year of birth, shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6663

FILM No. G 116 AUG 2 - 1948

## CERTIFICATE OF DEATH

164 C

Reg. Dist. No. 355

## 1. PLACE OF DEATH:

Country.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

48 Helen I. Hayward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

DEPARTMENT OF HEALTH

RECEIVED

JUL 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

## 1. PLACE OF DEATH:

County Worcester  
 City or town Berlin RFD.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Worcester  
 City or town Berlin RFD.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Ida Belle Rock.

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Clayton Rock.

7. Birth date of deceased (mo., day, yr.) June 10, 1882 6. (c) If alive, give age 65 years

8. AGE: Years 66 Months 0 Days 11 If less than one day  
 hrs. min.

9. Birthplace Berlin, W.C. and RFD  
 (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

12. Name Asbury Mitchell  
 13. Birthplace Maryland.

14. Maiden name Adeline Garrison  
 15. Birthplace Maryland.

16. Informant Mr. Clayton Rock.  
 Address Berlin md RFD

17. Burial Date thereof 6/24/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen  
 Location Berlin md.

18. Funeral director Sam A. Burby  
 Address Berlin md.

19. 6-23- 19 48 Helen F. Hayward  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 19 48 at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him alive on January 21 19 48

Immediate cause of death \_\_\_\_\_ DURATION

Chronic Nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ch. Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

Signature Chas. R. Low MD M. D. or otherAddress Berlin md. Date signed 6-23-48

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JUN 26 1948

BUREAU V. S.

RECEIVED

JUN 26 1948

BUREAU V. S.



1890

2-8

1948





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County Princess AnneCity or town Pocomoke City, P. A. D.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Virginia County AccomackCity or town New Church  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John W. Hiltnerhouse

## 3. (b) Social Security Number

4. Sex M. 5. Color or race W 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Bessie Marshall Hiltnerhouse7. Birth date of deceased (mo., day, yr.) Sept. 14, 1878 6.(c) If alive, give age — years8. AGE: Years 72 Months 8 Days 9 If less than one day — hrs. — min.9. Birthplace Accomack Co. Va  
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name Colmore Dist. Hlth.

13. Birthplace

14. Maiden name Sarah Wise Taylor15. Birthplace Norman A. Shields16. Informant New Church, Va

Address

17. Burial Date thereof June 27, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Cemetery - FamilyLocation New Church, Va18. Funeral director H.A. ShieldsAddress New Church, Va19. June 25, 1948 Anne E. White  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 12:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23rd, 1948 to June 23rd, 1948and that last saw him and on July 3rd, 1948Immediate cause of death Coronary DiseaseOther conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Antemortem results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. E. Astorius Sr.Address Pocomoke City, Md. Date signed 6/23/48

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JUN 28 1948

BUREAU V. S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

87d

6667

## 1. PLACE OF DEATH

County

Monroester

Village or City

Snow Hill

No.

P. 7. 28.

Registration Dist. No.

357

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred.

3

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Jehu L. Smallwood

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Edna Smallwood

6. DATE OF BIRTH (month, day, and year)

March 25, 1884

7. AGE

Years

64

Months

2

Days

19

If LESS than

1 day, ----- hrs.  
or ----- min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.

Laborer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Berlin, Md.

(State or country)

FATHER

13. NAME

Littleton Burton Smallwood

14. BIRTHPLACE (city or town)

Md.

(State or country)

MOTHER

15. MAIDEN NAME

Mary Ann Taylor

16. BIRTHPLACE (city or town)

Md.

(State or country)

17. INFORMANT

Woodrow Smallwood

(Address)

Snow Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Bishopville, Md.

Date

June 17, 1948

19. UNDERTAKER

(Address)

M. Pasha Hatoon  
Sethymills, Del.

20. FILED

6/17, 1948  
R. E. Day, Smith

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June

14

1948

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 1

1948, to

June 14

1948

last saw him alive on June 14, 1948; death is said

to have occurred on the date stated above, at 11:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Multiple Sclerosis

Date of onset

292

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Chen

M. D.

(Address)

Snow Hill, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as **spinner, weaver, etc.**

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.** Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as **carpenter, painter, machinist, etc.** Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

**Example II**

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

## CERTIFICATE OF DEATH

6668

Reg. Dist. No. 357

### 1. PLACE OF DEATH:

County Worcester  
City or town Snow Hill, Route #1  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? about 50 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution? ✓

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester  
City or town Snow Hill  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Route #1  
(If rural, give LOCATION)  
2.(a) If veteran, name war no

### 3. (a) FULL NAME

Amanda J. Spencer

### 3. (b) Social Security Number

no

4. Sex Female 5. Color or race AA 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Rev. Charles H. Spencer  
deceased 6. (c) If alive, give age not known years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 74 Months 0 Days 0 It less than one day hrs. min.

9. Birthplace Stockton, Worcester Co. Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name Parker William Tull

13. Birthplace Dont know

14. Maiden name Hannah Marshall

15. Birthplace Dont know

16. Informant Miss Viola E. Spencer

Address Snow Hill, Md. Route #1

17. Burial Date thereof June 27-1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Snow Hill

Location Snow Hill Maryland

18. Funeral director James F. Stewart

Address 402 E. Church St Salisbury Md.

19. 6/30/45 19 45 Rebec Smith  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1945 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not 19 45 to June 23, 1945

and that I last saw h. en alive on June 22, 1945

Immediate cause of death Broncho-Pneumonia DURATION 2 days

Due to Bronchitis 5 days

Due to Diarrhea 5 days

Other conditions Hypertension 7 years

Nephritis 3 years

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. Herbert Sembley, MD M. D. or other MD

Address Salisbury Md Date signed 6/24/45

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

JUN 28 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 52 YearsHospital, institution, or street address where death occurred: —How long in hospital or institution? —

## 3. (a) FULL NAME

Alfred Kelly White

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

—6. (c) If alive, give age — years

## 7. Birth date of deceased (mo., day, yr.)

June 4, 1883

## 8. AGE:

Years

Months

Days

If less than one day

65—22

hrs.

min.

## 9. Birthplace

Simon Pocomoke Virginia  
(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

Alfred T. White

## 12. Name

Virginia

## 13. Birthplace

Emily J. Kelly

## 14. Maiden name

Maryland

## 15. Birthplace

Ne. Lane. T. Mock

## 16. Informant

Pocomoke Md.

## Address

Burial

## 17. (Burial, cremation, or removal, Which?)

Date thereof

June 28, 1948  
(month) (day) (year)

## 18. Cemetery or crematory

Parkside Cemetery

## Location

Parkside Virginia

## 19. Funeral director

Pocomoke Md.

## Address

June 28 1948

## Date rec'd by registry

Anne E. White

## Registrar

Pocomoke City Md.

## Date signed

6/27/48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

## State

Maryland

## County

Worcester

## City or town

Pocomoke  
(If outside city or town limits, write RURAL and give nearest town)

## Street No.

—

(If rural, give LOCATION)

## 2. (a) If veteran, name war

—

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 26, 1948, 7:45 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 26, 1948, to June 26, 1948and that I last saw him alive on June 26, 1948

## Immediate cause of death

Pulmonary Edema

## DURATION

1 1/2 days

## Due to

Enlarged Prostate

## Other conditions

Chronic Bronchitis

(Include pregnancy within 3 months of death)

## Major findings of operations

—

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

N.E. Sartorius, M.D.

M. D. number

## Address

Pocomoke City Md.

Date signed



RECEIVED

JUN 30 1948

BUREAU V. S.